BIRCH STEWART, KOLASCH & BIR H, LLP Pha - 1783-US

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO.
1614-203P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the inventor are named below) of the inventor are named below.

subject matter which is claimed and for which a patent is sought on the invention entitled:* Non-Anaphylactic Forms of Allergens and Their Use. Insert Title Check Box If Appropriate -For Use Without the specification of which is attached hereto unless the following box is checked: Specification was filed on . Attached States Application Number_ PCT International Application Number_ (if applicable). and was amended on I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s) Priority Claimed Insert Priority September 30. 9703531-5 Sweden Information (Month/Day/Year Filed) (Country) No (Number) Yes (Month/Day/Year Filed) (Country) (Number) Yes No (Month/Day/Year Filed) (Number) (Country) Yes No (Month/Day/Year Filed) (Country) No (Number) (Month/Day/Year Filed) (Country) I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below. (Application Number) (Filing Date) (Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application: Country Date of Filing (Month/Day/Year) I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

*NOTE: Must be completed.

Page 1 of 2

(Application Number)

(Application Number)

(E. Must be completed.

(Filing Date)

(Filing Date)

(Status — patented, pending, abandoned)

(Status — patented, pending, abandoned)

1614-203P

I hereby appc the following attorneys to prosecute the application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

RAYMOND C. STEWART (Reg. No. 21,066) JOSEPH A. KOLASCH (Reg. No. 22,463) JAMES M. SLATTERY (Reg. No. 28,380)

CHARLES GORENSTEIN (Reg. No. 29,271) LEONARD R. SVENSSON (Reg. No. 30,330) MARC S. WEINER (Reg. No. 32,181) JOE McKINNEY MUNCY (Reg. No. 32,334) C. JOSEPH FARACI (Reg. No. 32,350) TERRELL C. BIRCH (Reg. No. 19,382) ANTHONY L. BIRCH (Reg. No. 26,122) BERNARD L. SWEENEY (Reg. No. 24,448) MICHAEL K. MUTTER (Reg. No. 29,680) GERALD M. MURPHY, JR. (Reg. No. 28,977) TERRY L. CLARK (Reg. No. 32,644) ANDREW D. MEIKLE (Reg. No. 32,868) ANDREW F. REISH (Reg. No. 33,443)

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

(USPTO Approved 3-90)

Send Correspondence to: BIRCH, STEWART, KOLASCH AND BIRCH, LLP

P.O. Box 747

Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

and the second s								
Full Name of First or Sole Inventor:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	1	DATE*			
Insert Name of Inventor Insert Date This Document Is Signed	Rudolf	Valenta	Loss all	ilu	4 Nai PJ			
Insert Residence	Residence (City, State & C	ountry)		CITIZENSHIP				
Insert Citizenship	Theresienfeld,	Austria		Music	MAZ			
Insert Post Office	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Address	Beethovenstrasse 18 A-2604 Theresienfeld, Austria							
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	4	DATE*			
see above	Susanne	Vrtala	Swanne VMa	lQ.	4. NOU. 97			
	Residence (City, State & C	country)		CITIZENSHIP				
S S S S S S S S S S S S S S S S S S S	Vienna Austri	a	AUSTRIA		N			
and all the	POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Schenkendorfgasse 14-16/1/9 A-1210 VIENNA Austria							
Full Name of Third Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Luca	Vangelista	The Think		3 Nov. 1997			
	Residence (City, State & C	Country)		CITIZENSHIP	•			
	Heidelberg Ger	•			ITALIAN			
	POST OFFICE ADDRESS	(Complete Street Address incl	Structural Biology Program					
	Meyerhofstrasse 1 D-69000 HEIDELBERG Germany							
Full Name of Fourth Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Hans-Georg	Eichler	1/1/		10-Nov. 1997			
	Residence (City, State & C	Country)		CITIZENSHIP				
	Vienna Austria		•	AUSTR	(AN			
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
	c/o University of Vienna, Dep. of Clinical Pharmacology, AKH Währinger Gürtel 18-20, A-1090 VIENNA Austria							
Full Name of Fifth Inventor, if any:	GIVEN NAME	FAMILY NAME	JAVENTOR'S SIGNATURE	9	DATE*			
see above	Wolfgang R.	Sperr	1 Wall Cond 1	<u></u>	4.11 97			
	Residence (City, State & C	Country)	18 7	CITIZENSHIP				
	Vienna Austria		•	AUST21A				
*Note: Must be completed date this document is	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
signed.	Iglaseegasse 9 A-1190 VIENNA Austria							
D 0 -4 0								

Full Name of	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	.	DATE			
Insert Name of Inventor Insert Date This Document is Signed	Peter	Valent	mm		4.11.159			
Insert Residence Insert Citizenship	RESIDENCE (City, State & Country) Vienna Austria Vienna Austria							
	Vienna, Austria			AUSTRIA				
Insert Post Office	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Address	Schulgasse 7/18 A-11%O VIENNA Austria							
Full Name of	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE 1			
Inventor, if any:	Christof	Ebner	XIII MZ	<i>)</i>	7-11-17			
000 00077	RESIDENCE (City, State & Country)							
	Winner Annabaria							
ļ	Vienna Austria POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
	c/o Inst. of General and Experimental Pathology, AKH							
	University of Vienna, Währinger Gürtel 18-20 A-10 GIVEN NAME FAMILY NAME INVENTOR;S SIGNATURE			90 VIENNA AUS	DATE			
Full Name of Inventor, if any:			1 10100/1/1	nR	4.11.1987			
see above	Dietrich	Kraft	No - Nasibal Va	AUTIZENSUIO	1.71.077			
	RESIDENCE (City, State & Co			CITIZENSHIP .				
	Vienna, Austria							
National	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Apples Visited By Comment of the Com	Rebenweg 1/18/1, A-1170 VIENNA Austria							
Fill Name of	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	\sim	*DATE			
see above	Hans	Grönlund	Kun Gu		971028			
	RESIDENCE (City, State & Country)			CITIZENSHIP				
Part.	Lidingö, Sweder	n		Swedish				
The state of the s	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
9 107	Vinkelvagen 14, S-181 5/ Lidingo, Sweden							
Full Name of	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE			
see above								
	RESIDENCE (City, State & Country) CITIZENSHIP							
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
Seconds Seconds	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
*								
Full Name of	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE			
see above					j			
	RESIDENCE (City, State & Country) CITIZENSHIP							
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
Inventor, if any: see above								
	RESIDENCE (City, State & Country)			CITIZENSHIP				
	POST OFFICE ADDRESS	(Complete Street Address including	City, State & Country)					
Full Name of	GIVÊN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE			
Inventor, if any: see above								
-	RESIDENCE (City, State & C	Country)	. 	CITIZENSHIP	1			
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
*Note: Must be completed		Angel Commence of the Commence			<u> </u>			